

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 2307AA-031220US												
<table border="1"> <tr> <td colspan="3">In re Application of BAEKKESKOV et al.</td> </tr> <tr> <td colspan="2">Application Number 08/838,486</td> <td>Filed April 7, 1997</td> </tr> <tr> <td colspan="3">For IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES</td> </tr> <tr> <td colspan="2">Art Unit 1644</td> <td>Examiner Gerald R. Ewoldt</td> </tr> </table>			In re Application of BAEKKESKOV et al.			Application Number 08/838,486		Filed April 7, 1997	For IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES			Art Unit 1644		Examiner Gerald R. Ewoldt
In re Application of BAEKKESKOV et al.														
Application Number 08/838,486		Filed April 7, 1997												
For IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES														
Art Unit 1644		Examiner Gerald R. Ewoldt												

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210 .	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.	

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
<input checked="" type="checkbox"/>	attorney or agent of record.. Registration Number 37,505
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_ .

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

12/29/03

Date



Signature

Joe Liebeschuetz, Reg. No. 37,505

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

60108842 v1

01/20/2004 AWONDAF1 00000064 201430 08838486

02 FC:2252 210.00 DA